IAP20 Rec'd PCT/PTO 15 DEC 2005

Please type a plus sign (+) inside this box \rightarrow [+]

Approved for use through 10/31/2002. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

10/560789 **Application Number CHANGE OF CORRESPONDENCE ADDRESS** Filing Date Concomitantly herewith **Application** First Named Inventor Shunji KOZAKI et al Address to: Group Art Unit **Commissioner for Patents** P.O. Box 1450 **Examiner Name** Alexandria, VA 22313-1450 Attorney Docket Number 05856/HG

Please change the Correspondence Address for the above-identified application to:					
[X] Customer Number [01933]					
OR					
[] Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country	,				
Telephone			Fax		
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).					
I am the:					
[] Applicant/Inventor.					
[] Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
[X] Attorney or Agent of record.					
[] Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number					
Typed or Printed					
Name Herbert Goodman, Reg. No. 17,081					
Signature Signature					
Date December 15, 2005					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.					